

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/599022

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4		①				
5		①				
6		①				
7		①				
8		①				
9		①				
10		①				
11				②		
12				②		
13				②		
14				②		
15				②		
16				②		
17				②		
18				②		
19				②		
20				②		
21				②		
22				②		
23				②		
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26				②		
27				②		
28				②		
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42				②		
43				②		
44				②		
45				②		
46				②		
47				②		
48				②		
49				②		
50				②		
TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			8			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						